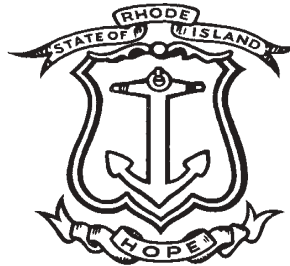


<b>***FOR OFFICE USE ONLY***</b>
Board Member Signatures



<b>***FOR OFFICE USE ONLY***</b>
Application Approved:
License Number:
Issue Date:
ID#:
Receipt #:
Signature of Board Administrator

**Rhode Island  
Board of Athletic Trainers**

Room 105  
3 Capitol Hill  
Providence, RI 02908-5097

***Instructions and Application For  
License As An  
Athletic Trainer***

By

**Examination: (NATA)  
National Athletic Training Association**

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*Applicant - Print Name (First/MI/Last)*

# GENERAL INFORMATION

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## Enclosures

The following materials and information should be enclosed within this application packet:

Application Process Overview.....	3
Instructions for Completing Application.....	4
Application Materials	
Application.....	5-8
Application Checklist.....	9
Endorsement Information Form/Interstate Verification Form - Other State License(s)....	10

## Licensure Requirements

- Completed, notarized application.
- Fee of **\$62.50**.
- Recent passport type photograph.
- Birth Certificate (***original or a copy notarized as being a true copy of the original***), or if born outside the United States, proof of citizenship or lawful alien status, (***original or a copy notarized as being a true copy of the original***).
- Official Transcripts with evidence of NATA approved clinical experience.
- Proof of NATA certification directly from the Association.
- Timely Resume.

## Endorsement

- In addition to the above listed requirements, **ALL** applicants who hold or have held an Athletic Trainer license in any state (“Endorsement candidates”) must provide a completed Interstate Verification Form (page 10) from each of those states. The Verification Form from the State of original licensure must include documentation of licensure/certification.

## Rules and Regulations/Laws

The Rules and Regulations for “Licensing Athletic Trainers” can be obtained at the following web site:

[http://www.rules.state.ri.us/rules/released/pdf/DOH/DOH\\_2526.pdf](http://www.rules.state.ri.us/rules/released/pdf/DOH/DOH_2526.pdf)

Title 5, Chapter 60, entitled: Athletic Trainers can be downloaded at the following website:

<http://www.rilin.state.ri.us/Statutes/TITLE5/5-60/INDEX.HTM>

# APPLICATION PROCESS OVERVIEW

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The licensure process in the State of Rhode Island is conducted by the Rhode Island Department of Health (HEALTH), Office of Health Professionals Regulation, and the Rhode Island Board of Athletic Trainers (Board).

## **Application Process**

In addition to the application, you must submit additional information directly to the Board. All items listed on the “checklist” (page 9) must be submitted for an application to be considered complete. All applications are considered valid for 1 year from the day they are received at HEALTH. If you do not complete the application process within 1 year, a new application must be submitted.

Please allow a minimum of 4-6 weeks for the entire licensure process to be completed. If you have malpractice criminal or disciplinary history, in Rhode Island or another state, it can take an additional 2 or 3 months for all pertinent documentation to be received, and a decision to be made regarding issuance of your license.

Licenses will be issued within 7-10 working days following approval of the license. Wallet-sized license cards are mailed within 3 weeks from the date of issuance, and are mailed to the address furnished in the application. You are responsible for notifying the Board office, in writing, if your address changes in the interim. The Board may be emailed an address change. The email address is located at the following web site.

[http://www.health.ri.gov/hsr/professions/at\\_train.php](http://www.health.ri.gov/hsr/professions/at_train.php)

***To obtain your license number prior to receiving your license card, please refer to the HEALTH Licensee Lookup web site:***

<http://www.health.ri.gov/hsr/professions/license.php>

HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others. Once completed, the application will be reviewed, and you will be contacted in writing.

Please continue to review the remaining portions of this application packet for instructions and other materials necessary to complete the application. If you have any questions about this application process, or would like to check on the status of your application, please contact the board staff at (401) 222-5888.

# INSTRUCTIONS FOR COMPLETING THE LICENSE APPLICATION

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Read the following instructions and those throughout the application packet carefully before completing the application. **Only complete applications with the appropriate fee will be accepted.** Failure to submit all required information and appropriate documentation may result in processing delays.

## General Instructions

1. Make a copy of the application and forms before you begin in case you make a mistake.
2. Type your information or print in blue or black ball-point pen. HEALTH staff will not make assumptions about illegible information.
3. Provide a response to each section or question; otherwise mark "N/A" for Not Applicable.
4. We suggest that you make a copy of your completed application before submitting it to HEALTH.
5. It is your responsibility to check on the status of your application.

## Completing your Application

1. Complete the application (pages 5-8). You must respond to all components of the application as instructed. If you attach separate pages in continuation of the application, such pages **MUST** clearly indicate the section for which such information is being reported.
2. Make check or money order (in U.S. funds only) for the application fee of **\$62.50** payable to **Rhode Island General Treasurer** and staple it to the upper left-hand corner of the first (Top) page of the application. This application fee is NON-REFUNDABLE.
3. **For those born in US:** An original or notarized copy of birth certificate. **For those born outside US:** An original or notarized copy of citizenship or lawful alien status.
4. Affix a recent **2 X 2 photo** of yourself in the space provided (page 8).
5. A completed official transcript **sent directly** from the accredited school to the Board of Athletic Trainers (see address below). No student copies will be accepted.
7. **(Endorsement Candidates):** Please send the license verification form on page 10 to all states in which **applicant** holds or has held a license. Be sure to sign and complete the identifying information on the form. HEALTH must receive these verifications **directly** from the licensing authority in each state.
8. Mail the application and documentation to:

**Rhode Island Department of Health  
Board of Athletic Trainers, Room 105  
3 Capitol Hill  
Providence, RI 02908-5097**



# State of Rhode Island and Providence Plantations Board of Athletic Trainers

Application for License as an Athletic Trainer

Refer to the Application Instructions when completing these forms. Type or block print only. Do not use felt-tip pens.

## 1. Name(s)

This is the name that will be printed on your License/Permit/Certificate and reported to those who inquire about your License/ Permit/ Certificate. Do not use nicknames, etc.

**NOTE:**  
It is your responsibility to notify the Department of Health Board of any name changes.

Title (i.e., Mr., Mrs., Ms., etc.)

First Name

Middle Name

Surname, (Last Name)

Suffix (i.e., Jr., Sr., II, III)

Maiden Name, if applicable

Name(s) under which originally licensed in another state, if different from above (First, Middle, Last).

## 2. Social Security Number

U.S. Social Security Number

Please Refer to "Mandatory Addendum to License Application" on the last page of this application

## 3. Gender

☐

Male

☐

Female

## 4. Date and Place of Birth

Month

Day

Year

City and State; OR Province and Country, etc., if NOT U.S.

## 5. Home Address

It is your responsibility to notify the board of all address changes.

No professional licensee's address (residence or business/employment) will be posted on the Department's Web site.

1st Line Address (Apartment/Suite/Room Number, etc.)

2nd Line Address (Number and Street)

City

Country, If NOT U.S.

Home Phone

Email Address (Format for email address is Username@domain e.g. applicant@isp.com)

State

Zip Code

Postal Code, If NOT U.S.

Home Fax

## 6. Business Address (ONLY if it is RELATED to your license.)

It is your responsibility to notify the board of all address changes.

**This address will appear on the Department of Health web site.**

Name of Business/Work Location

1st Line Address (Department/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City

Country, If NOT U.S.

Business Phone

Extension

State

Zip Code

Postal Code, If NOT U.S.

Business Fax

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### 11. Criminal Convictions

Respond to the question at the top of the section, then list any criminal conviction(s) in the space provided.

If necessary, you may continue on a separate 8½ x 11 sheet of paper.

Have you ever been convicted of a violation, plead Nolo Contendere, or entered a plea bargain to any federal, state or local statute, regulation, or ordinance or are any formal charges pending?

☐ Yes ☐ No

Abbreviation of State and Conviction<sup>1</sup> (e.g. CA - Illegal Possession of a Controlled Substance):

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Month		Year	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### 12. Disciplinary Questions

Check either Yes or No for each question.



1. Has any Health Professional license, certificate, registration, or permit you hold or have held, been disciplined or are any formal charges pending?

☐ Yes ☐ No

2. Have you ever been denied a license, certificate, registration or permit in any state?

☐ Yes ☐ No

**Note:** If you answer "Yes" to any question, you are **required** to furnish complete details, including date, place, reason and disposition of the matter. You may use the space below or, if needed, on a separate sheet of paper.

**13. Affidavit of Applicant**

Complete this section and sign in the presence of a notary public.

Make sure that you and the notary public have completed all components accurately and completely.

I, \_\_\_\_\_, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice as an Athletic Trainer in the State of Rhode Island.

I understand that my records are protected under the Federal and State Regulations governing Mental Health Patient Records and cannot be disclosed without my written consent unless otherwise provided in the law. I understand that my records are protected under the Federal and State Laws and Regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided in the regulations.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Board of Athletic Trainers of any change in the answers to these questions after this application and this affidavit is signed.

Signature of Applicant \_\_\_\_\_

Date of Signature (MM/DD/YY) \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_, who is personally known to me or has produced \_\_\_\_\_ as documentation and did / did not take an oath.

Name of Notary (Print, Type or Stamp) \_\_\_\_\_

Signature of Notary \_\_\_\_\_

Notary Seal

Notary No/Commission No. \_\_\_\_\_

Commission Expiration Date (MM/DD/YY) \_\_\_\_\_

**14. Recent Photograph**

Securely tape or glue in this square a current 2" x 2" photograph of yourself (alone).

Photographs must be recent, passport type photo, clear, front view, full face without a hat or dark glasses.

Full length photos will not be accepted.



Write your name on the back of the photograph, and provide the date that the photograph was taken.

\_\_\_\_\_ Date of Photograph



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## APPLICATION CHECKLIST

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Please review the following checklist to ensure that all the components of the application process have been satisfied. Some items may not apply.

### **Board Application**

- ☐ I have read and understand the "Instructions for Completing the Application".
- ☐ I have completed the application as instructed (pages 5-8).
- ☐ I have attached the cover page of the application.
- ☐ I have completed Section 13, "**Affidavit of Applicant**", and had the form notarized by a notary public.
- ☐ I have attached a photograph to Section 14, "**Recent Photograph**" as instructed. I have verified that it meets the photograph requirements as stated in the application.
- ☐ I have attached a birth certificate (***original or a copy notarized as being a true copy of the original***), or if born outside the United States, proof of citizenship or lawful alien status, (***original or a copy notarized as being a true copy of the original***), and understand that submitted documents will not be returned.
- ☐ I have a **check or money order** (preferred), made payable (in U.S. funds only) to the: "**Rhode Island General Treasurer**" in the amount of **\$62.50** and attached it to the upper left-hand corner of the cover page (top page) of the application.
- ☐ I have arranged my Application materials in the following order.
  - 1. Fee (attached as instructed).
  - 2. Board Application (including cover page) and pages 5-8.
  - 3. Supporting documentation as required. [**Note:** Pages containing additional information in continuation of the Board application MUST indicate the section for which the information is being reported.]
- ☐ I have mailed the above application materials directly to the Rhode Island Board of Athletic Trainers.
- ☐ I have reviewed the Rules and Regulations pertaining to the Licensing of Athletic Trainers.

### **Required Forms**

I have completed and mailed the following forms as instructed:

- ☐ Endorsement Form/Interstate Verification Form(s) - Other State License(s) (**Endorsement Candidates Only**).

### **Other Documents**

- ☐ I have requested an official school transcript.
- ☐ I have requested NATA Certification.



Substitute forms are not acceptable, One (1) form is required for each state in which you hold, or have held a license.

## Rhode Island Board of Athletic Trainers

Copy this form as needed.

Room 105, 3 Capitol Hill  
Providence, RI 02908-5097  
(401) 222-5888

### INTERSTATE VERIFICATION FORM - OTHER STATE LICENSE(S) (One form for each state)

I am applying for a license to practice as an Athletic Trainer in the State of Rhode Island. The Rhode Island Board of Athletic Trainers requires that the following form be completed by the jurisdiction(s) in which I hold or have held a license. This constitutes authority for you to release all information in your files, favorable or otherwise, directly to the Rhode Island Board of Athletic Trainers at the above address.

Print/Type Full Name

Signature

Date

Previous Names Used

Social Security Number

Date of Birth

License Number

Date Issued

### THIS SECTION TO BE COMPLETED BY THE ATHLETIC TRAINERS BOARD

**Directions for State Board:** Please complete and return this form to the address above. Please verify requirements met in your state:

NATA Accredited School?

☐ Yes ☐ No

Licensed by Examination?

☐ Yes ☐ No

If not by examination, how was license obtained?

Endorsement \_\_\_\_\_ (State) Other \_\_\_\_\_ (Explain)

Applicant has completed and passed the National Certification Exam:

☐ Yes ☐ No Score \_\_\_\_\_ Level of Exam: \_\_\_\_\_

License Status:

☐ Active ☐ Inactive ☐ Lapsed

Original Date Issued:

Expiration Date:

#### Questions:

1. Has this licensee ever been investigated by your Board? ☐ Yes ☐ No
2. Has this licensee incurred any disciplinary proceedings in your state, or is any action pending? ☐ Yes ☐ No
3. Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation? ☐ Yes ☐ No
4. Do you know of any information that may discredit this person? ☐ Yes ☐ No

If you answer "Yes" to questions 1-4, please provide a written explanation below, and attach a copy of all supporting documentation (e.g., Board order, complaint, etc.).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Certification:

Signature

Date

Type or Print Name

Title

Full Name of Licensing Board

Please Affix  
Board Seal Here

Please return directly to the Board at the above address. Thank you for your prompt cooperation.

**State of Rhode Island and Providence Plantations**



**DEPARTMENT OF HEALTH**

Office of the Director

Cannon Building

3 Capitol Hill

Providence, RI 02908-5097

## **Mandatory Addendum to License Application**

Verification of Social Security Number/Federal Employer Identification  
Number and affidavit concerning taxpayer status

**Pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.**

**I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have either paid all taxes due the state or have entered into a written installment agreement with the Rhode Island Division of Taxation.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number (SSN) or Federal  
Employer Identification Number (FEIN)

**Furnishing the SSN and/or FEIN is mandatory. The SSN and/or FEIN will be transmitted to the Rhode Island Division of Taxation pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended.**

**This form MUST be completed, signed and attached to your license application in order for us to process your application.**